



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: D. Elmaleh, et al.

Application No: 10/814,118

Filed: March 31, 2004

For: DIAGNOSTIC AND THERAPEUTIC

ALKYL PIPERIDINE/PIPERAZINE COMPOUNDS AND PROCESS

Art Unit: 1624

Confirmation No.: 5151

Examiner: E. Bernhardt

Docket No. MAA-012.01

CERTIFICATE OF FIRST CLASS MAILING

I hereby certify that the foregoing documents are being deposited with the United States Postal Service as First Class Mail, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria VA 23313-1450, on this date of September 29, 2006.

Katelyn Nelson

NOTIFICATION OF CHANGE OF ATTORNEY DOCKET NUMBER AND SUBMISSION OF POWER OF ATTORNEY FORMS

Commissioner for Patents P.O. Box 1450 Alexandria, VA 23313-1450

Sir:

The Attorney Docket Number of the above-identified patent application has changed. Please take notice that the *correct* Attorney Docket Number for this application should now be as follows:

MAA-012.01

Please reference MAA-012.01 on all future correspondence to the attorney of record.

Also enclosed in connection with the above-identified patent application are executed Power of Attorney forms for all listed inventors.

Although we believe that we have submitted the correct amount to cover the above-listed items, the Commissioner is authorized to credit any overpayment or charge any deficiencies to our Deposit Account No. 06-1448, Reference MAA-012.01.

Respectfully Submitted,

Date: September 29, 2006

Customer No: 25181

Patent Group Foley Hoag LLP 155 Seaport Blvd.

Boston, MA 02210-2600

Michael J. DiVerdi, Ph.D.

Reg. No. 51,620 Tel. (617) 832-1000

Fax. (617) 832-7000

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND **CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/814,118-Conf. #5151					
Filing Date	March 31, 2004					
First Named Inventor	David R. Elmaleh					
Art Unit	1624					
Examiner Name	E. B. Bernhardt					
Attorney Docket Number	MAA-012.01					

I hereby revoke all previous powers of attorney given in the above-identified application.										
A Power of Attorney is submitted herewith.										
X I hereby appoint the practitioners associated with the Customer Number: 25181										
X Please change the correspondence address for the above-identified application to:										
The address associated with Customer Number: 25181										
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I am the: X Applicant/Inventor.										
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)										
, V			SIGNATURE	of A	plican	t or As	signee of Rec	ord		
Signature	U	Lon /	I fis	le la	es _					-
Name	Alan .	J. Fischma	, ,							
Date	91	18/06					Telephone	(617)	723	7/26
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
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PTO/SB/82 (01-06)
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REVOCATION OF POWER OF ATTORNEY WITH **NEW POWER OF ATTORNEY** AND **CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/814,118-Conf. #5151					
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Art Unit	1624					
Examiner Name	E. B. Bernhardt					
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I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.									
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│	signee of	record of the entire in	terest. Se	e 37 C	FR 3.7	1.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SEGNATURE of Applycant or Assignee of Record									
Signature (Signat									
Name Pavid R. Elmaleh, Ph.D.									
Date Telephone									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
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			st Named Inv	ventor	David R. Elma	aleh			
AND		Art	Unit		1624				
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				t Number	MAA-012.01				
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	SIGNATURE o	f Appli	icant or As	signee of I	Record				
Signature	Signature CCC ALC								
Name	Choi Sungwoon	V							
Date	9/17/2006			Telephone	74/-	-784-af99			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

forms are submitted.

*Total of